

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212530119						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Consumers Insurance Group, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHRISTOPHE W STEVENS WOODS ROGERS WACHOVIA TOWER STE 1400 10 S JEFFERSON ST ROANOKE, VA 24011</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2012</p> <p>SCC ID NO: F1600883</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> <tr> <td>PREFER</td> <td>3,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000,000	PREFER	3,000,000
CLASS	AUTHORIZED							
COMMON	5,000,000							
PREFER	3,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1620 GATEWAY BLVD STE 200</p> <p style="text-align: center;">CITY/ST/ZIP: MURFREESBORO, TN 37129</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DENNIS KUNKEL TITLE: CFO ADDRESS: 1620 GATEWAY BLVD STE 201 CITY/ST/ZIP/CO: MURFREESBORO, TN 37129 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DENNIS KUNKEL TITLE: CFO ADDRESS: 1620 GATEWAY BLVD STE 201 CITY/ST/ZIP/CO: MURFREESBORO, TN 37129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Harrington TREASURER 1620 Gateway Blvd Suite 201 Murfreesboro, TN 37129	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joe Lester DIRECTOR 1620 Gateway Blvd Suite 201 Murfreesboro, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Cunningham DIRECTOR 1620 Gateway Blvd Suite 201 Murfreesboro, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amanda Farnsworth CHAIRMAN 1620 Gateway Blvd Suite 201 Murfreesboro, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R Edward Gibbons DIRECTOR 1620 Gateway Blvd Suite 201 Murfreesboro, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Clay Jackson DIRECTOR 1620 Gateway Blvd Suite 201 Murfreesboro, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ David Sciortino		David Sciortino, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			